

Print
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TSS QAS REVIEW SHEET

10025045

Application Number:

Cluster Date:

Review Type: Issue Revision

Tech Center:

Total applicable points: 0

Total points earned: 0

TSS QAS:

LIE:

Error Score: N/A

Issue Processing

JACKET / ISSUE CLASSIFICATION SHEET

Primary Examiner box complete

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Issuing Classification complete

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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PTO-892/1449

Examiner's initials or cross-through lines supplied for each item cited by applicant

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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SPECIFICATION

Brief description of drawings includes description of each figure in drawings

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Continuing data mentioned in 1st paragraph (can be an insert)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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CLAIMS

Claims listed on Notice of Allowability match allowed claims and/or index of claims

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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One sheet of complete claims

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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RAM FEES

Applicable Fees

Amount Actually Charged

Amount That Should Have Been Charged

☐ Examiner's amendment

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CRFE-COMPUTER READABLE FORM

If necessary (bilogical sequence listing)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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TITLE (design only)

The title of the application matches the claim.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Comments:

Paragraph	Font	Size	Color	B	I	U	abs	x'	x	o
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